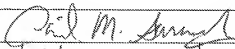


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|---|--|---|--|----------------------------------|--|
| (Revised 04/2005) CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | Application Number | | 10/520,738 | |
| | | Filing Date | | September 19, 2005 | |
| | | First Named Inventor | | David Bowran | |
| | | Art Unit | | 1638 | |
| | | Confirmation No. | | 7230 | |
| | | Examiner Name | | Kruse, David H. | |
| Attorney Docket Number | | 038867/286192 | | | |
| Please change the Corresponding Address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number 55392 OR | | | | | |
| <input type="checkbox"/> Firm or Individual Name | | | | | |
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| Country | | | | | |
| Telephone | | | | Email | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: <input type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or agent of record. Registration No. 55,593 <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | | | | |
| Typed or Printed Name | | David M. Saravitz | | | |
| Signature | |  | | | |
| Date | | 12/16/04 | | Telephone: (919) 862-2200 | |